

# ARPA Nonprofit Capital Project Fund - Large Projects

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*Pinellas Community Foundation*

## *LOI*

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If you would like to complete this Letter of Intent in Word first and copy your answers over later, use the following link: [Download LOI](#)

Please pay attention to character limits while working on your draft. These limits include spaces.

### **Organization Name\***

*Character Limit: 100*

### **Project Name\***

Create a brief name for this large capital project. This is how it will appear throughout the PCF grant portal.

*Character Limit: 100*

### **EIN\***

*Character Limit: 10*

### **Incorporation Year\***

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

*Character Limit: 4*

### **Organizational Mission Statement\***

What is your organization's mission statement? This should be no longer than one or two sentences.

*Character Limit: 1000*

### **Unique Entity ID (SAM)**

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. HOWEVER, a Unique

Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

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### Annual Operating Budget Size\*

Please provide the amount of your annual operating budget (expenditures only) for your entire organization.

*Character Limit: 20*

### Amount Requested\*

The maximum grant amount is \$5 million. You may request up to 5% for grant administration, project management, and other indirect costs. Please be sure your indirect cost rate is represented in the figure you put below.

**Note: You will be required to upload a more detailed budget if you are approved for the full application stage. You will need to also attach any bids, estimates, and agreements with contractors or other vendors in relation to the proposed project.**

*Character Limit: 20*

### Does the total project cost exceed the amount your organization is requesting?\*

If the amount requested by your organization is less than the total project cost, please click No. Please note: Answering "Yes" will cause additional questions load later in this application.

### Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

### Choices

Yes

No

## Parent Non-Profit/Subsidiaries\*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

### Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

### Choices

Yes

No

## Request Specifics

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### Organization Programming Background\*

Please describe the programming your organization offers to the community and the length of time it has been doing so. That is, what does your organization **do** and **how long** has it been doing it?

*Character Limit: 2000*

### Community Need\*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

*Character Limit: 2000*

### Negative Economic Impact\*

**The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.**

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets

- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

**Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests.**

*Character Limit: 2750*

### Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your project proposal and address the following:

- What project will be undertaken with these funds?
- What is the estimated lifespan of the project/property improvement?
- How does it address the negative economic harm you described in the previous question?

*Character Limit: 2500*

### Number Served\*

How many people will directly benefit from this capital project annually?

*Character Limit: 20*

### Rent vs. Own\*

Does your organization rent or own the property for which you are proposing modifications?

**Note: Selecting "Rent" will cause more questions to load below.**

#### Choices

Rent

Own

### Guiding Principles - Client Impact\*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term “equity” is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment,

such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

**Will this project benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?**

*Character Limit: 2000*

### *Community Connection*

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The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:

[https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to “Color QCT Qualified Tracts.” The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if

different.

### Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account.

To check your Sunbiz registration, you may search here:

<https://dos.myflorida.com/sunbiz/search/>

*Character Limit: 250*

### Project Location\*

Please provide the address or intersection where the property being modified is.

*Character Limit: 250*

### **QCT Impact\***

PCF understands that just because a project may not be located in a Qualified Census Tract, those who reside in one may access your services and may come to the location where your organization's project will take place.

- If applicable, please describe if you have clients that reside in a QCT as indicated on the map linked above, and the proportion of your clients that come from these areas.
- If your organization does not serve clients from a QCT, you can write "Not Applicable" below.

*Character Limit: 500*

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

### **Community Representation and Connection\***

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

*Character Limit: 2500*

### **Leadership Demographics - CEO/Executive Director\***

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

#### **Choices**

BIPOC

LGBTQ+

Neurodiverse/physically disabled

Declined to State

None of the above

### Leadership Demographics - Executive Level Leadership Team\*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

#### Choices

BIPOC

LGBTQ+

Neurodiverse/physically disabled

Declined to State

None of the above

### Leadership Demographics - Board Membership\*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

#### Choices

BIPOC

LGBTQ+

Neurodiverse/physically disabled

Declined to State

None of the above

***Rented Property*** **This question will only appear if you have indicated your organization's property is rented.**

### Tenant Responsibility\*

Please explain how your organization is responsible for modifying the building despite being rented. Be sure describe the length of your organization's lease and to indicate whether or not you have obtained permission from the landlord for the proposed project.

*Character Limit: 2000*

## *Cost Difference* **This question will only appear if you have indicated the project cost is higher than the amount requested.**

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### **Estimated Total Project Cost\***

Please specify the total cost of this capital project.

**Example:** ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$20,000 for certain equipment, and will seek other funding and donations for the remaining \$150,000 of the playground, for a total project cost of \$170,000. ABC Childcare would put \$170,000 below.

*Character Limit: 20*

### **Cost Difference\***

How does your organization plan to cover the cost of this project beyond the amount requested in this LOI? Please also specify if your organization can carry out the potential ARPA-funded portion of this project without other funding being secured.

*Character Limit: 2000*

## *Financial Overview*

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### **Budget Summary\***

Please provide a brief sketch of the categories of expenses and the costs needed for your project. If your organization is requesting compensation for indirect costs, be sure to note the percentage (up to 5%) and dollar amount below.

**If you are invited to complete the full application, you will be asked to upload current verifiable bids, proposals, price lists [from your potential vendor(s)] from the past 60 days. If a contractor has already been selected for a construction project for which you are requesting funding, you will need to upload their bid. You are strongly encouraged to any remaining bids, proposals, and price lists shortly after submitting this LOI.**

*Character Limit: 3000*

### **Project Preparedness\***

If your letter of intent is approved, you will have 30 days to submit a full proposal. This will require multiple estimates/bids for your project that detail the costs you've sketched out above from potential contractors that would do the actual work.

Where are you in the planning process for the implementation of this project? Please describe your organization's readiness for this project including your ability to collect bids and select contractors and/or vendors. **If you have already selected a contractor for the project, you will need to describe how that contractor was chosen.**

**Example**

Better Tomorrow has spoken with contractors about their counseling center expansion project, but has only sought one proposal from a contractor. Better Tomorrow would describe so below, having sketched out the costs in the previous question. Better Tomorrow would indicate its plan to obtain more quotes/bids upon submitting this LOI.

Community Arts 'R Us has begun construction on its new arts center, as it had secured 75% of the funding for it before the pandemic. Therefore, a contractor has already been selected, and is looking to obtain the funding necessary to complete the project. Below, Community Arts 'R Us would explain it has a cost proposal ready to upload from their selected contractor, and is ready to carry out the rest of the project if funding is awarded.

*Character Limit: 1750*

**Other Funding Sources\***

Please describe any other funding not already mentioned that your organization has applied for or obtained for this project. This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

If none, please write N/A.

*Character Limit: 2000*

**Changes in Operating Costs\***

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this project **decreases** ongoing operating costs, how will it do so?
- If this project **does not affect** operating costs, please note so below.

*Character Limit: 1000*

**Fund Management Capacity\***

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

**This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.**

The inability to handle a reimbursement-basis grant does not disqualify your organization from applying.

*Character Limit: 1000*

**This question will only appear if you indicated that your organization has a parent nonprofit and multiple nonprofit subsidiaries are applying.**

## *Subsidiaries Applying*

### **Subsidiaries Applying\***

Please list **IN ORDER OF PRIORITY** the name of the subsidiaries applying and a brief descriptor of the proposed project.

#### **Example**

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Below, the organization would prioritize the requests and briefly describe what each is applying for. **On both applications, copy and paste the same answer or reach out to PCF for assistance in doing so.**

*Character Limit: 1500*